



CANNON BUILDING
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STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION

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WEBSITE: DPR.DELAWARE.GOV

REQUEST FOR EXEMPTION FROM SOCIAL SECURITY NUMBER REQUIREMENT

Section 7 of the Privacy Act of 1974 requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a United States Social Security Number (SSN) (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes. However, the Division may issue a license to an applicant who does not have a SSN *if the applicant submits this form attesting that he or she has not been assigned an SSN.* If a person who has been issued a Delaware license without an SSN is later assigned an SSN, the person must report the SSN to the Delaware Division of Professional Regulation as a requirement for renewal of licensure.

1. Name: _____
Last /Family First Middle

2. Mailing Address: _____
Street

City State/Province/Country Zip/Postal Code

3. Check one:

☐ I am applying for Delaware license as a _____.

☐ I hold a Delaware license as a _____. License Number: _____

4. I certify that I have not been assigned a U.S. Social Security Number. Yes ☐ No ☐

5. If a U.S. SSN is assigned to you, do you agree to report the SSN to the Delaware Division of Professional Regulation? Yes ☐ No ☐

AFFIDAVIT

I state under penalty of perjury in the second degree, a Class F felony, as defined in 11 Del C. §1222, that the information contained herein is true and correct to the best of my knowledge. I understand that under Delaware law, providing false information is grounds for denial, suspension, or revocation of a professional or occupational license, certificate or permit.

I _____, being first sworn, depose and state under oath that
Name

the above information is true.

Signature: _____ Date: _____

This form must be notarized below.

SUBSCRIBED AND SWORN TO me before this _____ day of _____, 2_____

SEAL

Notary Public for the State of _____

My commission Expires: _____